

<p>Attorney or Party Name, Address, Phone & Fax Nos., State Bar No. & Email</p> <p>NEXUS BANKRUPTCY BENJAMIN HESTON (297798) 3090 Bristol Street #400 Costa Mesa, CA 92626 Tel: 949.312.1377 Fax: 949.288.2054 ben@nexusbk.com</p> <p><input type="checkbox"/> Debtor(s) appearing without an attorney <input checked="" type="checkbox"/> Attorney for Debtor(s)</p>		<p>FOR COURT USE ONLY</p>	
<p align="center">United States Bankruptcy Court Central District of California - Los Angeles Division</p>			
<p>In re: Mary Ann Cherry</p>		<p>CASE NO.:</p> <p>CHAPTER: 7</p>	
		<p align="center">DECLARATION BY DEBTOR(S) AS TO WHETHER INCOME WAS RECEIVED FROM AN EMPLOYER WITHIN 60 DAYS OF THE PETITION DATE</p> <p align="center">[11 U.S.C. § 521(a)(1)(B)(iv)]</p>	
		<p align="center">[No hearing required]</p>	
<p align="right">Debtor(s).</p>			

Debtor(s) provides the following declaration(s) as to whether income was received from an employer within 60 days of the Debtor(s) filing this bankruptcy case (Petition Date), as required by 11 U.S.C. § 521(a)(1)(B)(iv):

Declaration of Debtor 1

1. ☒ I am Debtor 1 in this case, and I declare under penalty of perjury that the following information is true and correct:

During the 60-day period before the Petition Date (Check only ONE box below):

- ☐ **I was paid by an employer.** Attached are copies of all statements of earnings, pay stubs, or other proof of employment income I received from my employer during this 60-day period. *(If the Debtor's social security number or bank account is on a pay stub or other proof of income, the Debtor must cross out (redact) the number(s) before filing this declaration.)*
- ☒ **I was not paid by an employer** because I was either self-employed only, or not employed.

Date: 09/12/2024

Mary Ann Cherry

Printed name of Debtor 1

Signature of Debtor 1

Declaration of Debtor 2 (Joint Debtor) (if applicable)

2. ☐ I am Debtor 2 in this case, and I declare under penalty of perjury that the following information is true and correct:

During the 60-day period before the Petition Date (Check only ONE box below):

- ☐ **I was paid by an employer.** Attached are copies of all statements of earnings, pay stubs, or other proof of employment income I received from my employer during this 60-day period. *(If the Debtor's social security number or bank account is on a pay stub or other proof of income, the Debtor must cross out (redact) the number(s) before filing this declaration.)*
- ☐ **I was not paid by an employer** because I was either self-employed only, or not employed.

Date: _____

Printed name of Debtor 2

Signature of Debtor 2

This form is mandatory. It has been approved for use by the United States Bankruptcy Court for the Central District of California.

December 2015

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